ANNUAL REPORT

1990 - 1991

SWIFT CURRENT HEALTH REGION NO. 1

91-06095/

Working Together For Health And Well-Being

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REGIONAL BOARD OF HEALTH

HEALTH REGION #1 - SWIFT CURRENT

1990-91

Andrew Lockhart	Chairman	Box 636 Maple Creek SON INO	662-3059
Shirley Williams	V/Chairman	Box 6 Pennant SON 1X0	626-3238
Rose Kirkpatrick	Treasurer	Box 163 Cabri SON OJO	587-2566
Ernest Howes		Box 28 Sceptre SON 2H0	623-4364
Jack Migowsky		Box 143 Maple Creek SON 1N0	662-2587
Kathy Lang		Box 8 Waldeck SOH 4J0	773-9778
Donat Girard		Box 421 Eastend SON OTO	295-3235
Rod Thienes		Box 91 Shaunavon SON 2M0	297-3864
Frank Peters		301-1140-9th. North East Swift Current S9H 2S9	773-2145

RURAL MUNICIPALITIES

Val Marie No. 17	Barry W. Dixon Box 35 Val Marie SON 2T0
Lone Tree No. 18	Leo Coburn Climax SON ONO 293-2804
Frontier No. 19	Ernest W. Nelson Box 66 Frontier SON OWO 296-2140
Glen McPherson No. 46 (Mankota)	Darcy Zerr Mankota SON 2W0 478-2718
White Valley No. 49 (Eastend)	Donat Girard Box 421 Eastend SON OTO 295-3235
Reno No. 51 (Consul)	Terry Reamer Box 44 Consul SON 0P0
Auvergne No. 76 (Ponteix)	Dale Davidson Aneroid SON OCO 588-2605
Wise Creek No. 77 (Shaunavon)	Audrey A. Goddu 494 - 2nd Ave. S.E. Swift Current S9H 3J6 773-4715
Grassy Creek No. 78 (Shaunavon)	Gary Van Sandt Box 548 Shaunavon SON 2M0 297-3511

Arlington No. 79 (Shaunavon)	Rod Thienes Box 91 Shaunavon SON 2M0 297-3864
Glen Bain No. 105	Harry Minifie Vanguard SON 2V0 582-6010
Whiska Creek No. 106 (Vanguard)	Norman Fraser Pambrun S0N 1Z0
Lac Pelletier No. 107	Henry Hildebrandt Box 40 Blumenhof SON OEO 627-3390
Bone Creek No. 108 (Shaunavon)	Maurice Bredahl Box 1235 Shaunavon SON 2M0 297-3273
Carmichael No. 109 (Gull Lake)	Jimmy McCallum Box 327 Shaunavon SON 2M0 297-2014
Piapot No. 110	Kenneth Wright Box 28 Piapot SON 1Y0
Maple Creek No. 111	John Schock Box 1016 Maple Creek SON 1N0 662-2023
Coulee No. 136	Alec F. Gader Box 55 McMahon S0N 1N0 627-3421
Swift Current No. 137	Martin Dyck Box 171 Wymark S0N 2Y0 773-4466

Webb No. 138	**Trudy Jewitt** Box 32 Webb SON 2X0 674-2256
Gull Lake No. 139	**Les Allison** Box 693 Gull Lake SON 1A0 672-3741
Big Stick No. 141 **(Golden Prairie)**	**Andrew Lockhart** Box 636 Maple Creek SON 1N0 662-3059
Enterprise No. 142 **(Richmound)**	**Jim Brown** Box 53 Richmound SON 2E0 669-4901
Excelsior No. 166	**Don Meyer** Box 90 Rush Lake SOH 3S0 773-2911
Sask. Landing No. 167	**Dan Barber** Box 114 Stewart Valley S0N 2P0 778-2259
Riverside No. 168 **(Pennant)**	**Shirley Williams** Box 6 Pennant SON 1X0 626-3233
Pittville No. 169 **(Hazlet)**	**Dan West** Hazlet S0N 1E0
Fox Valley No. 171	**Robert Hellman** Box 86 Richmound SON 2E0 669-4215

Miry Creek No. 229 (Abbey)	Simon Hagel Abbey SON OAO
Clinworth No. 230 (Sceptre)	Patricia Jorgenson Box 8 Portreeve SON 2A0 689-2709
Happyland No. 231 (Leader)	Maynard Mastel Box 338 Leader SON 1H0 628-3275
Deer Forks No. 232 (Burstall) Clifford Smith, Mendham as alternate	Raymond Ehnisz Box 75 Burstall SON 1H0 679-462

VILLAGES

Abbey		Donald Barr Abbey SON OAO 689-2254
Admiral		Joan Fisher Box 44 Admiral SON 0B0
Aneroid		Jack McMillan Aneroid SON 0C0 588-2335
Bracken		Brian Carleton Bracken SON OGO 773-4108 (till spring)
Cadillac	785-2127 (h) 785-2100 (w)	Twila St. Jacques Box 21 Cadillac SON 0K0
Carmichael (Gull Lake)		Dorothy Meyer Box 663 Gull Lake SON 1A0

Climax	Reg Smith Climax SON ONO 293-2024 (H) 293-2131(W)
Consul	Carrie Funk Box 164 Consul SON OPO 299-5609
Dollard	Ray Goulet Box 4 Dollard SON OSO 297-3120
Fox Valley	Tony J. Koch Box 243 Fox Valley SON OVO 666-3023
Frontier	Agnes Howell Frontier SON OWO
Golden Prairie	Lawrence Oddan Golden Prairie SON OYO 662-2572
Hazlet	
Lancer	Lester Jorgenson Box 14 Lancer SON 1G0 689-2689
Mendham	Herbert Moser Box 36 Mendham S0N 1P0
Neville	Isaac Dyck Neville S0N 1T0

Pennant		
Piapot		
Prelate		Frank Rissling Box 55 Prelate S0N 2B0 673-2561
Richmound		Edwin Koch Richmound S0N 2E0 669-2062
Robsart		Archie L. Smiley Robsart S0N 2G0 299-4921
Rush Lake	Mon 784-3504 (w) Tu/Wed/Th 773-4697 (w) 773-7114 (h)	Adeline Steinley Box 120 Rush Lake, S0H 3S0
Sceptre		Ernest Howes Box 28 Sceptre S0N 2H0 623-4364
Shackleton		Clifford Plant Box 171 Cabri S0N 0J0 587-2957
Stewart Valley		Douglas Shumaker Stewart Valley S0N 2P0 778-2184
Success		

Tompkins	John Kimber Box 241 Tompkins SON 2S0 622-2135
Val Marie	Lorraine R. Carlier Val Marie SON 2T0
Vanguard	Marg Deg Vanguard S0N 2V0 582-2010
Waldeck	Kathy Lang Box 8 Waldeck SOH 4J0 773-9778
Webb	Trudy Jewitt Box 32 Webb S0N 2X0

TOWNS

Burstall	Ken Hook Box 114 Burstall S0N 0H0
Cabri	Rose Kirkpatrick Box 163 Cabri SON OJO 587-2566
Eastend	Clarence Thompson Box 64 Eastend S0N 0T0 295-3582

Gull Lake	Helen Keetley Box 255 Gull Lake S0N 1A0 672-3562
Leader	Pastor Frank Jeske Box 672 Leader S0N 1H0 628-3206
Maple Creek	Jack Migowsky Box 143 Maple Creek S0N 1N0 662-2587
Ponteix	David Boisjoli Ponteix S0N 1Z0 625-3222
Shaunavon	Richard Schneider Box 207 Shaunavon S0N 2M0 297-2605

CITIES

SWIFT CURRENT DISTRICT

Swift Current	Frank Peters 301-1140-9th Ave. N.E. Swift Current S9H 2S9 773-2145

STAFF

SWIFT CURRENT OFFICE

Dr. W.S.E.Jones, Medical Health Officer/Regional Director

John Bower, Senior Public Health Inspector
Loretta Fuller, Dental Health Educator
Robin Galbraith, Public Health Inspector II
Mathew Green, Public Health Inspector II
Jennifer Heinrichs, Public Health Nurse I
Margaret Holt, Public Health Nurse I
Ad Hyswick, Clerk Typist II
Donna Klaassen, Public Health Nurse I
Maria Krammer, Public Health Nurse I
Paula McKerrell, Clerk Typist II
Hazel Padfield, Public Health Nurse II
Laurie Pilkey, Public Health Nurse I
Donna Robinson, Acting Regional Nursing Supervisor
Isabelle Roth, Speech and Language Pathologist
Kathy Scherger, Public Health Nurse I
Bonnie Shaw, Public Health Nurse I
Dr. Karen Sirota, Early Childhood Psychologist
Ardyce Taylor, Clerk Typist III
Alvin Tkatchuk, Director of Regional Support Services
Laurie Wadsworth, Public Health Nutritionist

LEADER DISTRICT OFFICE

Joan Nixon, Clerk Typist I
Jeannine Schmaltz, Public Health Nurse I

MAPLE CREEK DISTRICT OFFICE

Corinne Arnold, Public Health Nurse I

SHAUNAVON DISTRICT OFFICE

Bev Goulet, Clerk Typist II
Marlette Lucas-Simpson, Public Health Nurse I
Leslie Wagner, Public Health Nurse I
Grant Paulson, Public Health Inspector II

MEDICAL HEALTH OFFICER AND REGIONAL DIRECTOR

- Dr. W.S.E. Jones

The key word describing health activities in 1990 is change. We would all agree changes must occur for the benefit of all. It is, however, the process by which change is implemented that could lead to satisfaction or dissatisfaction. In attempting to implement change, cost effectiveness, efficiency and appropriateness of our functions, among other factors, were of prime considerations.

The region through all staff, via heads of disciplines, were closely associated with the changes requested in the budget. This necessitated some prioritization. It stimulated a greater rapport and consideration for competing disciplines within the region. Therefore, ultimately when budgetary requests were made, it was with general agreement. The latter is but one example of inter-disciplinary cooperation and coordination to eke out advantageous strategies and results for the region.

It was pleasant to observe disciplines helping out to ease pressure on those short of manpower. In this, I express my appreciation to the Nursing staff helping the Inspection staff. Inter-regional cooperation between disciplines also occurred when the need arose.

A trend at "detwinning" is occurring. During the year, the Senior Public Health Inspector was appointed with responsibility for the Swift Current Health Region only. Moreover, we anticipate the Nutritionist will serve only the Swift Current Region as from the early part of August. The vacant Early Childhood Psychologist position has now been filled. This position is now headquartered in Moose Jaw. These are all new and very appropriate positions selected with some input from other regions. At this time, may I take this opportunity to thank Mrs. Jane Knox, Executive Director, for her empathy and foresight in alleviating these difficult situations and, indeed, for her role in modernizing equipment and management functions in the region. Positions that are still "twinned" between Swift Current and Moose Jaw are the Early Childhood Psychologist, the Regional Nursing Supervisor, the Nutritionist and the Medical Health Officer and Regional Director.

Computerization, long overdue, is now part of the regional office function and is welcomed by all staff. Staff have been appropriately educating themselves in computer use. Nursing and Public Health Inspection records are now fully computerized, as well as the Speech and Language Pathology records and that of the Early Childhood Psychologist. The budget forecast and keeping within budgetary limits are but a few instances of excellent benefits derived from computerization at the regional levels which has no doubt improved efficiency.

It is with great pleasure I report that short- and long-term health goals and objectives for the branch currently are operative. Health activities in the region are also linked with these goals to make health activities directional, to add continuity and the necessary cooperation.

This year marked the beginning of interdepartmental cooperation. Departments, at regional levels, have met and discussed matters that straddle mutual functional interests in the region. Reference here is made to the Family Forum Committee which consists of local representatives from the Judiciary, Social Services, Education, Law Enforcement, Military, Social Work and Community Health. Other instances of interdepartmental cooperation and coordination include joint ventures between Community Health and the Department of Environment and the Department of Education.

The essential process of orientation of new employees and branch members is now formal, obligatory and very relevant. As with all orientation, the process needs to be reinforced at intervals.

The focus on health as part of community development is proceeding somewhat slowly. Board members are being encouraged to be aware of, and, to communicate their community needs with the regional staff. The attention to community issues is an integral part of community growth. This is controlled, of course, by fiscal limitations and branch strategies for the current year.

Environmental issues raised frequently in staff and regional board meetings include disposal of hospital wastes, recyclable items, city and highway littering with formal or informal discussions between board members and staff, separately and collectively. This is a true indication of the awareness of environmental issues.

The Workplace Hazardous Materials Information System (WHMIS) has been instituted in due deference to employee safety. This is now available in regional offices and an Occupational Health Committee is set up in the E.I. Wood Building for the benefit of staff and clients.

Many staff members have recently attended the Emergency Preparedness Course. As a result, a concerted effort is being made to formulate plans of response of the staff for the city and rural districts. It is hoped these plans will eventually be coordinated with the Provincial Disaster Plan in a very satisfactory manner. A plan of response for the various districts is being prepared but is in the early stages.

Child Health Conference sites have improved tremendously following the involvement of Health Board Representatives for those areas concerned.

Due to the improvement in staffing positions of Public Health Inspectors, the Regional Hospital has once again been inspected after many years. The overall conclusion is that as much as manpower permits this should be done every year. Accreditation teams, which visit hospitals every two or three years, often comment on the cleanliness and other health related subjects which fail to achieve the desired Quality Assurance. The provision of sufficient manpower would ensure the regular inspection of hospitals.

The report of the Saskatchewan Heart Health Survey was published in June, 1990. This survey suggested that the risk was greatest in the lower socio-economic groups, certain age groups and sex groups and their lifestyle characteristics. The recommendations include effective and appropriate programmes to deal with the identified factors.

This report is an overview of the remarkable progress which occurred in the 1990 year. Future goals and objectives are being formulated for 1991. The improvement in awareness of factors ensuring health has improved through education, individuals becoming more aware of their responsibility toward their health, and that of the community. Minimal improvement has been made towards reporting Sexually Transmitted Disease Control, H.I.V. and teen pregnancy by physicians. No case of Human Immune Virus (H.I.V.) was directly reported. It seems that people would rather go to Regina and have blood tests for the H.I.V. than to be tested in the region.

FUTURE EXPECTATIONS

The responsibility for duties in more than one region seems to be drawing to a close and reasonable staff coverage is improving. The staff look in anticipation for a continuation of this trend.

The reporting of communicable disease and sexually transmitted diseases still needs more enthusiasm. The modernization of the Public Health Act could stimulate a greater improvement. The interest in H.I.V. infection appears to be waning. It is felt that appropriate financial support and promotion could re-kindle the interest there was about three years ago.

The trend of the seniors at retirement is to move into the city from rural areas. The City of Swift Current is no different. Well elderly programmes are pertinent since about 90 percent of this group are mobile and self-sufficient. It has been shown the quality of life improves even in the not-so-well elderly if these programmes are instituted.

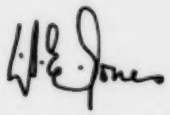
Teen health issues need to be more visibly promoted. At present, the only issues related to the teen years addressed are those of teen pregnancy and sexually transmitted diseases. Issues such as contraception are unevenly and, for that matter, unsatisfactorily addressed.

As we strive to reduce the perinatal mortality rate, we become aware that the issue of low birth weight needs to be dealt with. The latter ties up with lower socio-economic status, prematurity by dates, lower educational levels and personal lifestyles, congenital anomalies and the absence of pre-conceptional counselling to name but a few related factors. We hope to increase an awareness for pre-conceptional counselling through our clients and physicians in the near future.

I wish to thank the Board and members of staff for their invaluable cooperation throughout the year and look for their continued support.

I would now refer you to some statistics associated with the region.

Respectfully submitted,



Dr. W.S.E. Jones
M.B., D.P.H., F.R.C.O.G.

NUMBER OF BIRTHS OCCURRING IN SASKATCHEWAN IN 1990 BY MOTHER'S AGE AND MARITAL STATUS

TABLE I

	TOTAL	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45+
TOTAL FOR PROVINCE									
TOTAL	16031	29	1597	3967	5995	3473	886	83	1
MARRIED	11529	0	191	2255	5110	3122	776	74	1
OTHER	4502	29	1406	1712	885	351	110	9	0
SWIFT CURRENT H.R.#1									
TOTAL	516	1	35	110	216	125	25	4	0
MARRIED	450	0	11	93	202	117	23	4	0
OTHER	66	1	24	17	14	8	2	0	0

Table I depicts the actual number of births per age group. The highest number of births occurs in the 25 - 29 year age group in both the Swift Current Region and the Province. The second and third highest number of births in the Province occur in the 20 - 24 year and 30 - 34 year age groups respectively, while this order is reversed in the Swift Current Region. With the fourth highest birth group being the 15 - 19 year olds, it can be deduced that educational pursuits are halted fairly early. Figures as to how many resume educational pursuits or join the work force are not available, but it is very likely these women would join the lower socio-economic group.

TABLE II

TEENAGE BIRTH RATES

1989 - 1990

SWIFT CURRENT HEALTH REGION	*10 - 14*	*15 - 19*
1989	*0*	*57.0*
1990	*1.9*	*67.0*
SASKATCHEWAN		
1989	*1.7*	*99.9*
1990	*1.8*	*99.6*

Birth rate is calculated as the number of births per 1,000 females in the specified age group.

It should be noted a province-wide teen pregnancy programme was reinstated on the 1st of April 1989.

The numbers dealing with both the 10 - 14 year olds and the Swift Current Region are too small to make any meaningful deductions. Moreover, it is suspected some pregnant teens simply move to larger centres - Saskatoon and Regina - from their small local communities because of the less social trauma and anonymity this creates.

Unfortunately the Statistics for Canada is unavailable to make any meaningful comparison. Before the teen program was restarted the teen pregnancy rate was highest in Saskatchewan.

PERINATAL DEATH RATES
PER 1,000 TOTAL BIRTHS

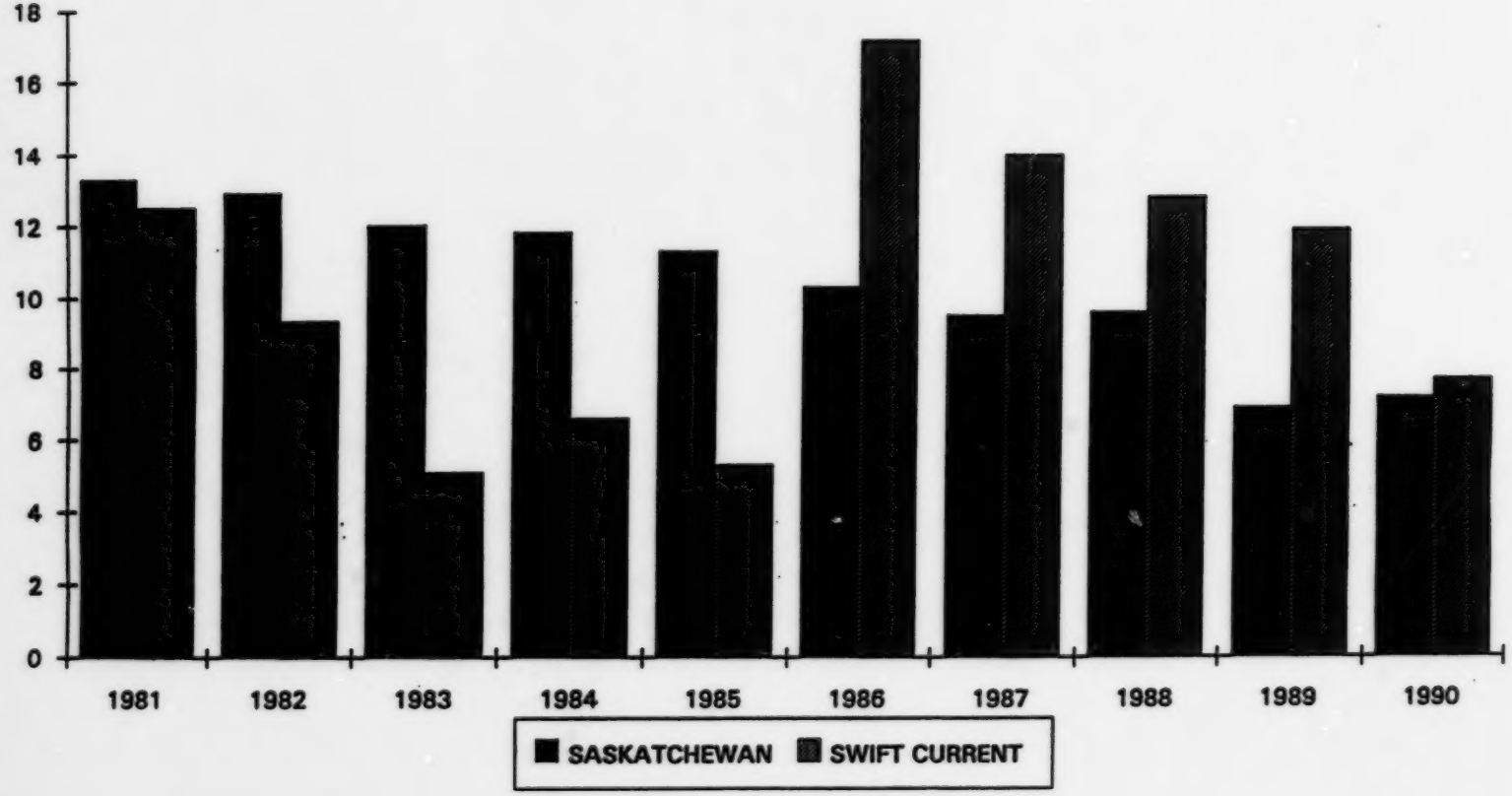


TABLE III

Table III demonstrates the reduction of the perinatal mortality rate in the Swift Current Region. The rate for 1990 was 7.15 per 1,000.
The Perinatal Mortality Rate is calculated as:

$$\frac{\text{Stillbirths + deaths from 0 - 6 days of age}}{\text{All live births + Stillbirths}} \times 1{,}000$$

On calculation this gives a straight forward figure, but the true picture of the results surrounding birth may be difficult to ascertain because of certain assumptions notably:

i) late neonatal deaths about 25 - 30% have perinatally related causes.

ii) stillbirths refer to births of 20 weeks and over gestation. Stillbirths before this period are not included in the numeration of stillbirths and may be classified as late spontaneous abortions. A truer measure of birth outcome, I suspect, will need to be addressed.

TABLE IV

SASKATCHEWAN DEATH STATISTICS, 1988
BY AGE GROUP AND SEX
TOTAL FOR PROVINCE

AGE GROUP	NUMBER			RATES		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
Not Stated	1	1	2	-	-	-
< 1	79	61	140	1,004	819	914
1- 4	23	11	34	64	32	49
5- 9	16	8	24	36	19	28
10-14	12	11	23	30	28	29
15-19	53	25	78	130	64	98
20-24	61	15	76	137	36	68
25-29	54	23	77	112	50	82
30-34	69	18	87	152	42	98
35-39	54	34	88	145	97	122
40-44	82	44	126	276	155	217
45-49	87	56	143	365	240	303
50-54	141	71	212	639	327	484
55-59	208	98	306	918	439	680
60-64	334	194	528	1,541	853	1,189
65-69	507	258	765	2,586	1,181	1,845
70-74	611	380	991	3,727	1,974	2,780
75-79	684	409	1,093	5,831	2,764	4,120
80-84	700	544	1,244	9,642	5,529	7,275
85-89	483	514	997	13,725	9,737	11,332
90+	431	635	1,066	28,355	20,650	23,199
TOTAL	4,690	3,410	8,100	895	655	776
STAND. RATE				647	459	557
LIFE EXP.				73.8	80.5	77.0
PYLL CRUDE	34,092	17,929	52,021	70.5	38.3	54.7
STAND.				70.6	38.6	54.9

Tables IV and V demonstrate little variation in the life expectancy rate for males in 1988 between the Swift Current Region and the Province - 74 years. This is also true for the female population rate, which is higher at 80 years of age.

TABLE V

SASKATCHEWAN DEATH STATISTICS, 1988
BY AGE GROUP AND SEX
SWIFT CURRENT HEALTH REGION #1

AGE GROUP	NUMBER			RATES		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
< 1	2	4	6	623	1,600	1,051
1- 4	1	1	2	68	71	69
5- 9	0	0	0	0	0	0
10-14	0	0	0	0	0	0
15-19	4	1	5	226	57	142
20-24	3	1	4	163	62	116
25-29	0	0	0	0	0	0
30-34	2	2	4	101	108	104
35-39	2	0	2	126	0	66
40-44	4	1	5	308	80	197
45-49	4	4	8	365	358	362
50-54	8	3	11	727	264	492
55-59	12	4	16	993	350	680
60-64	13	8	21	1,071	634	848
65-69	26	18	44	2,446	1,553	1,980
70-74	41	25	66	4,447	2,358	3,330
75-79	34	21	55	5,484	2,873	4,071
80-84	32	26	58	8,672	5,210	6,682
85-89	22	25	47	13,750	9,294	10,956
90+	23	42	65	30,263	24,277	26,104
TOTAL	233	186	419	977	785	881
STAND. RATE				627	479	557
LIFE EXP.				74.5	80.0	77.1
PYLL CRUDE	1,351	845	2,196	62.3	40.3	51.5
STAND.				63.3	43.6	53.3

TABLE VI

SASKATCHEWAN DEATH STATISTICS, 1988
BY CAUSE GROUP
TOTAL FOR PROVINCE

	DEATHS			PYLL		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
ALL CAUSES OF DEATH						
NUMBER	4,690	3,410	8,100	34,092	17,929	52,021
CRUDE RATE	895.0	655.3	775.6	70.5	38.3	54.7
STAND. RATE	647.0	459.3	557.5	70.6	38.6	54.9
HEART DISEASES (A128-A148)						
NUMBER	1,538	1,073	2,611	4,550	1,469	6,018
CRUDE RATE	293.6	206.3	250.1	9.4	3.1	6.3
STAND. RATE	201.9	131.7	168.4	9.2	3.1	6.2
MALIGNANT NEOPLASMS (A37-A86)						
NUMBER	1,144	827	1,971	4,955	4,557	9,511
CRUDE RATE	218.4	159.0	188.8	10.2	9.7	10.0
STAND. RATE	159.0	124.3	142.8	10.0	9.8	9.9
CEREBROVASCULAR DISEASE (A149-A155)						
NUMBER	296	352	648	537	533	1,070
CRUDE RATE	56.5	67.7	62.1	1.1	1.1	1.1
STAND. RATE	35.8	42.7	39.4	1.0	1.1	1.1
ACCIDENTS (AE234-AE263)						
NUMBER	314	153	467	9,193	3,096	12,289
CRUDE RATE	59.7	29.2	44.5	19.0	6.6	12.9
STAND. RATE	56.6	24.6	40.8	19.6	7.0	13.4
PNEUMONIA (A163-A167)						
NUMBER	220	150	370	605	446	1,050
CRUDE RATE	42.0	28.8	35.4	1.3	1.0	1.1
STAND. RATE	26.0	18.0	22.1	1.2	0.9	1.1
PERINATAL MORTALITY (A229-A231)						
NUMBER	30	23	53	2,085	1,596	3,681
CRUDE RATE	5.7	4.4	5.1	4.3	3.4	3.9
STAND. RATE	5.9	4.5	5.2	4.3	3.3	3.8
SUICIDES (A264-A270)						
NUMBER	121	24	145	3,865	643	4,508
CRUDE RATE	23.1	4.6	13.9	8.0	1.4	4.7
STAND. RATE	22.7	4.8	13.9	8.1	1.4	4.8
OTHER						
NUMBER	1,027	808	1,835	8,303	5,592	13,895
CRUDE RATE	196.0	155.3	175.7	17.2	11.9	14.6
STAND. RATE	139.0	108.7	124.7	17.0	11.9	14.5

Table VI in comparison demonstrated province-wide the greatest Potential Years of Life Lost (PYLL) is due to accidents. (Standard rate being 13.4, excluding those causes grouped under "other".)

TABLE VII

SASKATCHEWAN DEATH STATISTICS, 1988
BY CAUSE GROUP
SWIFT CURRENT HEALTH REGION #1

	DEATHS			PYLL		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
ALL CAUSES OF DEATH						
NUMBER	233	186	419	1,351	845	2,196
CRUDE RATE	977.4	784.9	881.5	62.3	40.3	51.5
STAND. RATE	627.2	479.5	557.2	63.3	43.6	53.3
HEART DISEASES (A128-A148)						
NUMBER	83	58	141	268	169	437
CRUDE RATE	348.2	244.8	296.6	12.3	8.1	10.2
STAND. RATE	217.3	136.0	178.6	11.4	8.5	9.8
MALIGNANT NEOPLASMS (A37-A86)						
NUMBER	48	42	90	250	163	413
CRUDE RATE	201.4	177.2	189.3	11.5	7.8	9.7
STAND. RATE	126.4	115.6	122.0	10.5	7.2	9.0
CEREBROVASCULAR DISEASE (A149-A155)						
NUMBER	13	25	38	3	60	63
CRUDE RATE	54.5	105.5	79.9	0.1	2.9	1.5
STAND. RATE	28.5	58.7	43.6	0.1	2.4	1.2
ACCIDENTS (AE234-AE263)						
NUMBER	10	4	14	367	53	420
CRUDE RATE	41.9	16.9	29.5	16.9	2.5	9.8
STAND. RATE	45.6	12.3	29.2	19.5	3.2	11.6
PNEUMONIA (A163-A167)						
NUMBER	27	22	49	18	97	115
CRUDE RATE	113.3	92.8	103.1	0.8	4.6	2.7
STAND. RATE	60.1	55.2	58.1	0.6	5.7	2.9
PERINATAL MORTALITY (A229-A231)						
NUMBER	1	1	2	70	70	139
CRUDE RATE	4.2	4.2	4.2	3.2	3.3	3.3
STAND. RATE	4.8	5.9	5.3	3.5	4.3	3.9
SUICIDES (A264-A270)						
NUMBER	5	1	6	133	13	145
CRUDE RATE	21.0	4.2	12.6	6.1	0.6	3.4
STAND. RATE	20.2	4.0	12.1	6.5	0.5	3.5
OTHER						
NUMBER	46	33	79	245	222	467
CRUDE RATE	193.0	139.3	166.2	11.3	10.6	10.9
STAND. RATE	124.3	91.9	108.2	11.2	11.8	11.4

Table VII indicates the causes of death for Swift Current Region in descending order are: Heart Disease - Accidents - Malignant Neoplasm - Suicides - Perinatal Mortality. It should be noted the standard rate of Potential Years of Life Lost (PYLL) is highest as a result of accidents.

MALE DEATHS BY SPECIFIC CAUSE
PROVINCE OF SASKATCHEWAN - 1990

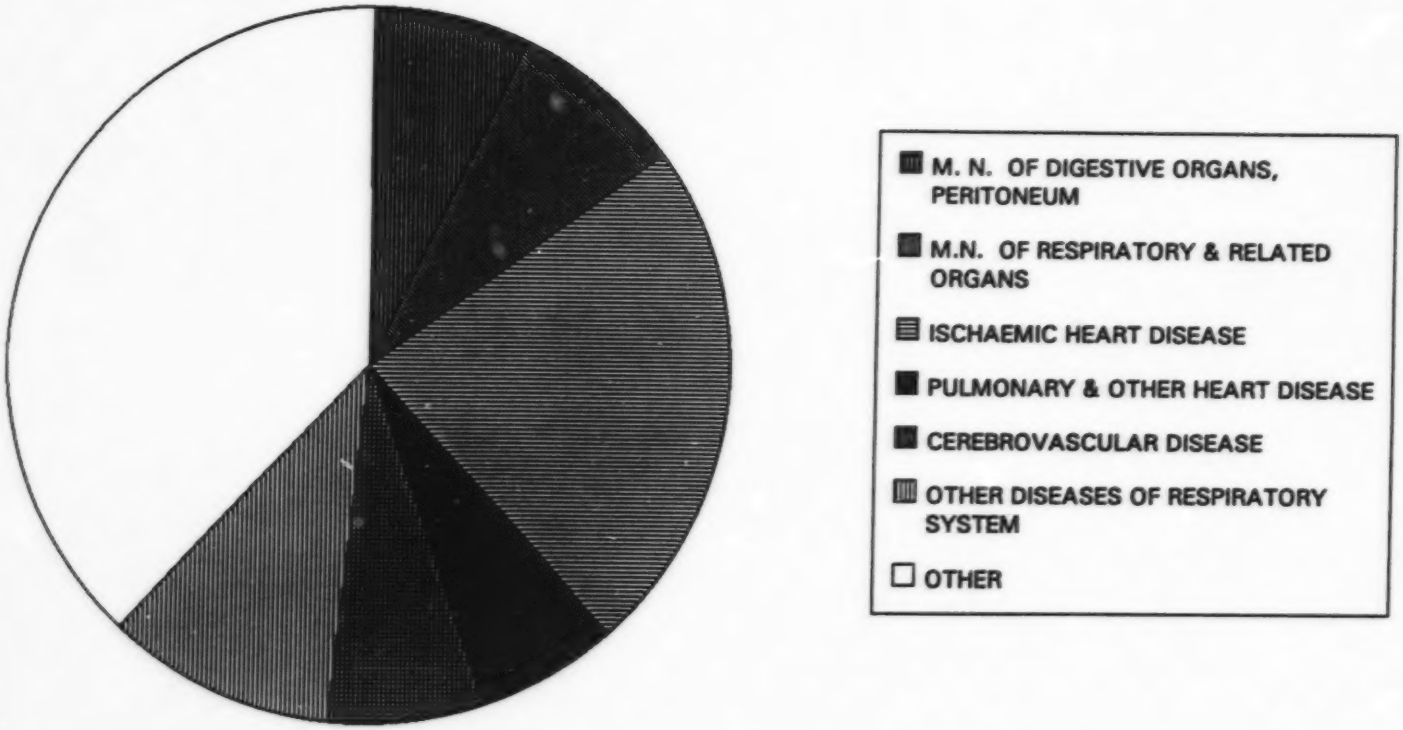

M. N. OF DIGESTIVE ORGANS, PERITONEUM
M.N. OF RESPIRATORY & RELATED ORGANS
ISCHAEMIC HEART DISEASE
PULMONARY & OTHER HEART DISEASE
CEREBROVASCULAR DISEASE
OTHER DISEASES OF RESPIRATORY SYSTEM
OTHER

TABLE VII-A

MALE DEATHS BY SPECIFIC CAUSE
SWIFT CURRENT H.R. #1 - 1990

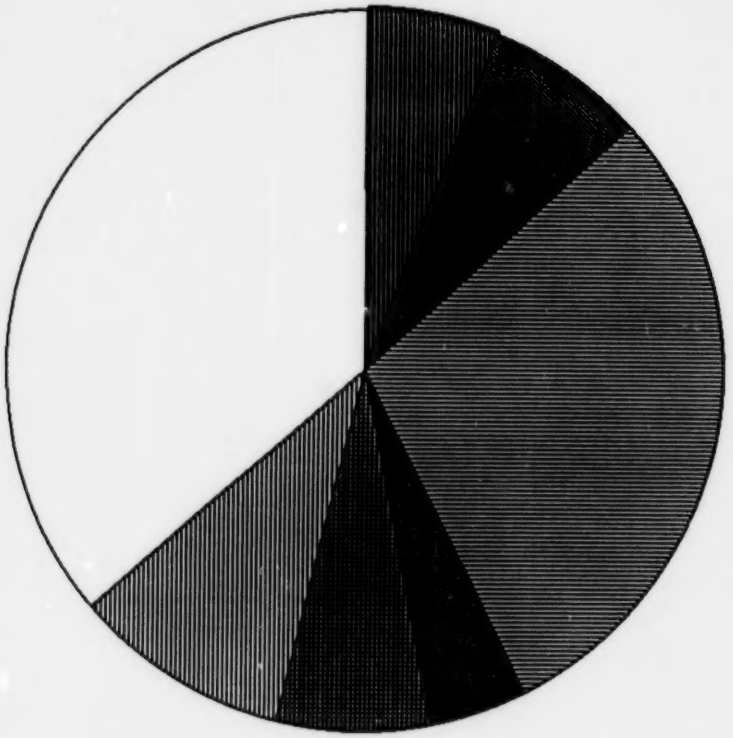

M. N. OF DIGESTIVE ORGANS, PERITONEUM
M.N. OF RESPIRATORY & RELATED ORGANS
ISCHAEMIC HEART DISEASE
PULMONARY & OTHER HEART DISEASE
CEREBROVASCULAR DISEASE
OTHER DISEASES OF RESPIRATORY SYSTEM
OTHER

TABLE VII-B

FEMALE DEATHS BY SPECIFIC CAUSE
PROVINCE OF SASKATCHEWAN - 1990

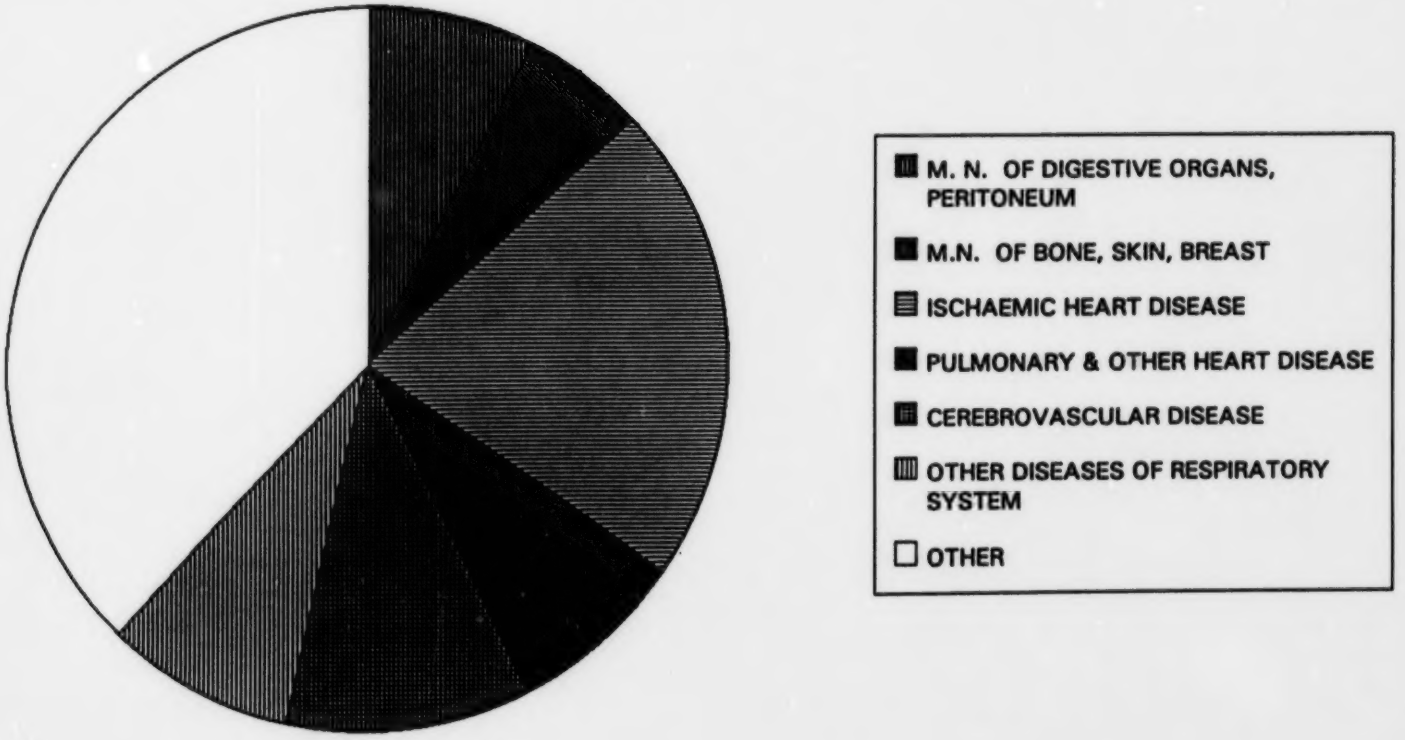


TABLE VII-C

FEMALE DEATHS BY SPECIFIC CAUSE
SWIFT CURRENT H.R. #1 - 1990

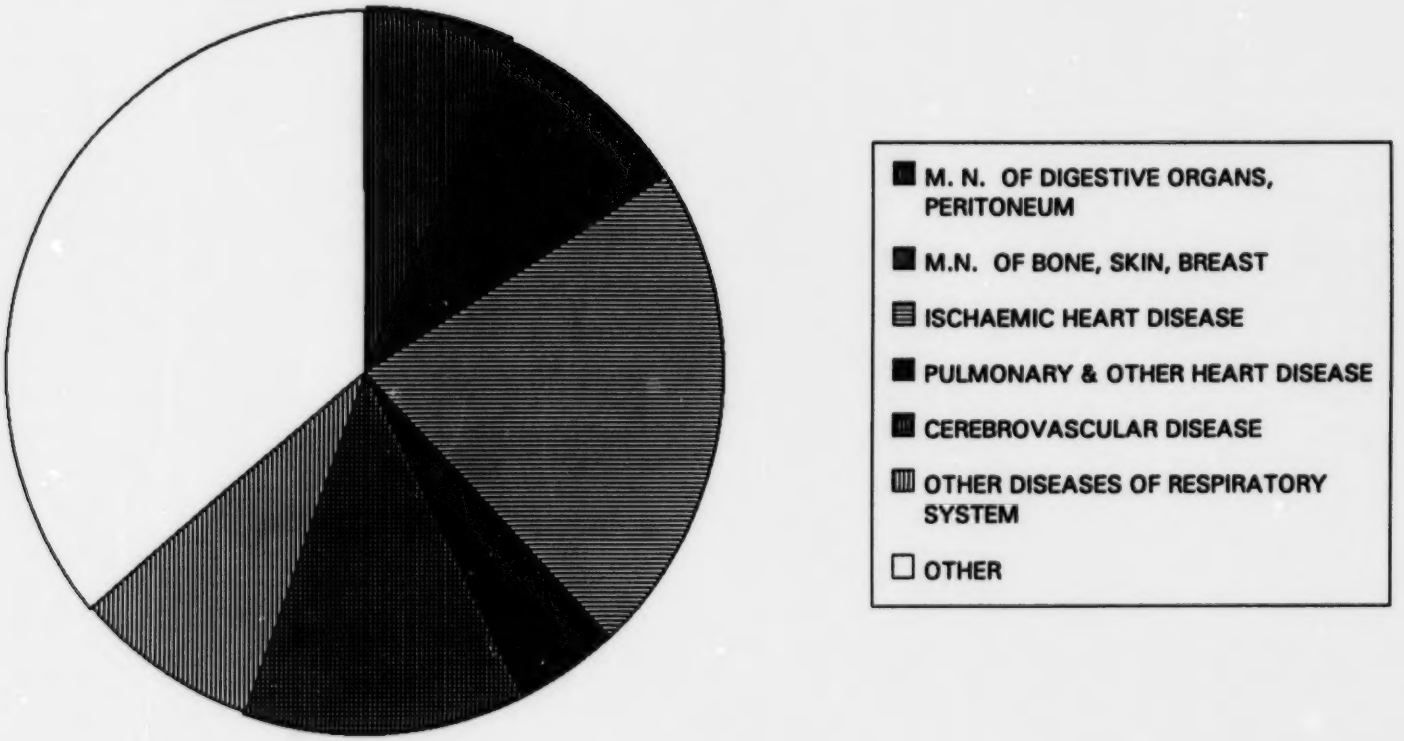


TABLE VII-D

TABLE VIII

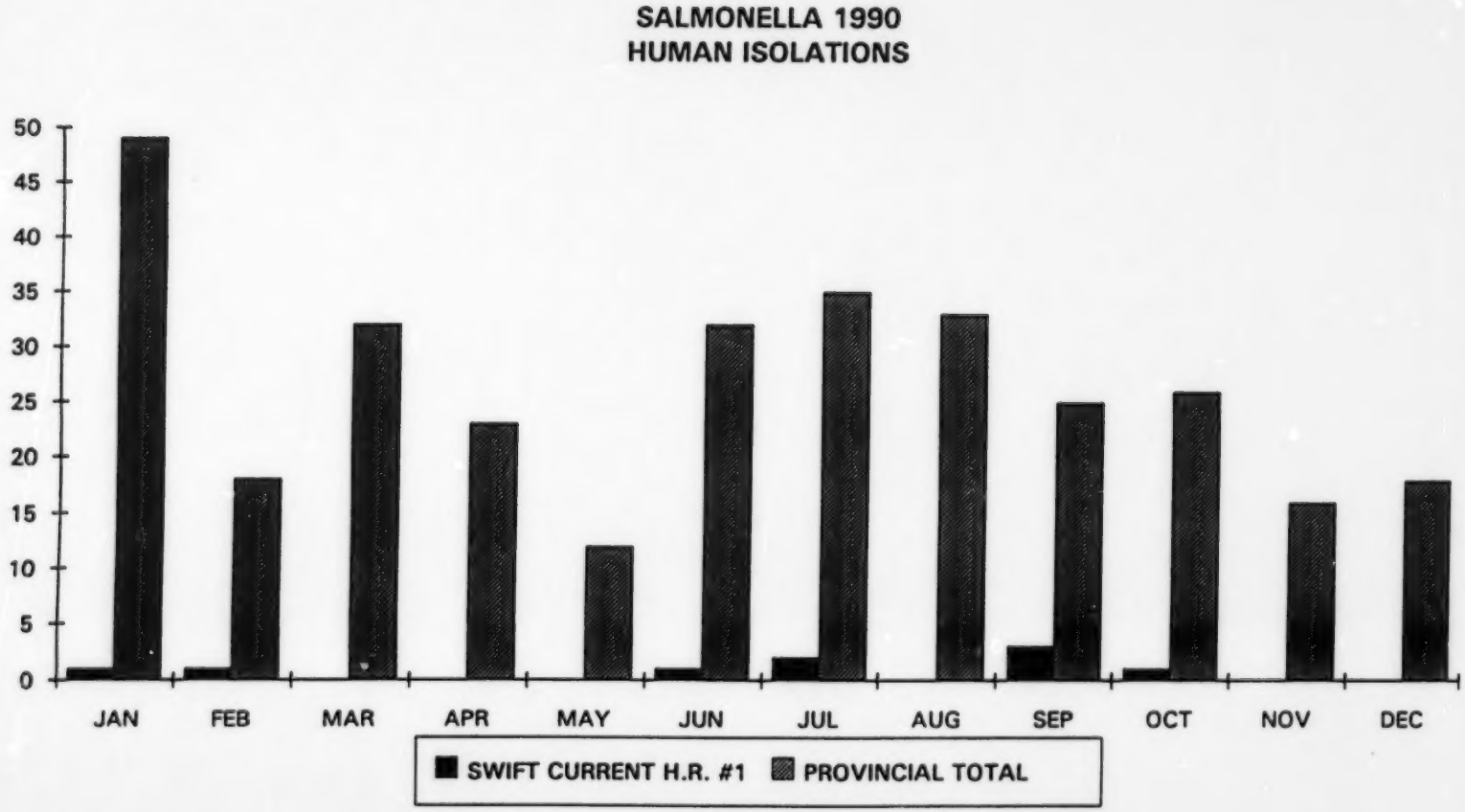


Table VIII indicates Salmonella occurences, tending to be more common in the summer months.

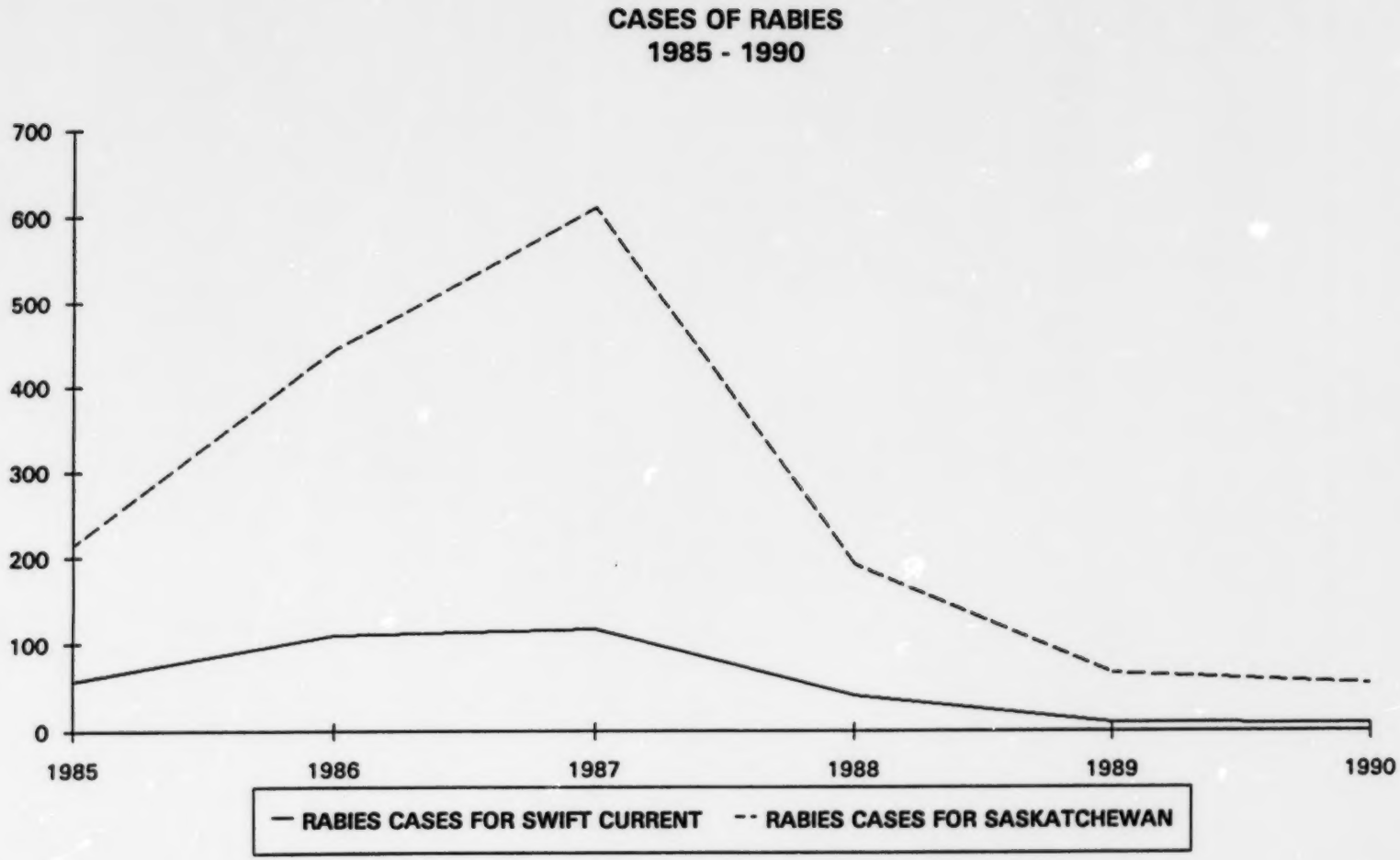


TABLE IX

Table IX - For some reason the number of rabies cases in animals seems to have dropped since 1987. No human cases were diagnosed after 1971. The reason for the drop is not clear.

TABLE X

	Swift Current	Saskatchewan
Early/Secondary Syphilis	*0*	*1*
Latent Syphilis	*0*	*0*
Neuro-syphilis	*0*	*0*
Genito-urinary Gonorrhea	*1*	*908*
Anal Gonorrhea	*0*	*2*
Pharyngeal Gonorrhea	*0*	*0*
Gonococcal Arthritis	*0*	*0*
Gonococcal Ophthalmia	*0*	*0*
P.P.N.G.	*0*	*8*
Ophthalmia Neonatorum	*0*	*0*
Non Gonococcal Urethritis	*1*	*245*
Chlamydial Conjunctivitis	*0*	*4*
Rectal Chlamydia	*0*	*0*
Respiratory Chlamydia	*0*	*0*
Genito-urinary Chlamydia	*16*	*3214*
Genital Herpes - Type 1	*2*	*106*
Genital Herpes - Type 2	*2*	*311*
Genital Herpes - Untyped	*0*	*6*
Chancroid	*0*	*0*
TOTAL	***22***	***4805***

Genitourinary chlamydia amounts for the greatest number of Sexually Transmitted Diseases both provincially and regionally, followed by genital herpes. Indifferent reporting makes these numbers unreliable. Also some physicians are treating genital symptoms empirically. The latter is a risky practise since resistant gonorrhoea cases may not be effectively treated.

TABLE XI

CHLAMYDIA

SWIFT CURRENT HEALTH REGION #1

	SEX		
AGEGROUP	FEMALE	MALE	TOTAL
15 - 19	8	1	9
20 - 24	2	1	3
25 - 29	1	2	3
40 - 59	0	0	0
Unknown	1	0	1
TOTAL	12	4	16

As with other Sexually Transmitted Diseases, chlamydia is most common in the under 30 years of age group.

TABLE XII

TUBERCULOSIS CASES IN SWIFT CURRENT REGION COMPARED WITH SOUTH SASKATCHEWAN

YEAR	SOUTH SASKATCHEWAN CASES	SWIFT CURRENT CASES
1985	89	3
1986	96	0
1987	91	2
1988	96	1
1989	113	0
1990	101	0
TOTAL	586	6

Table XII shows the number of tuberculosis cases diagnosed in the Swift Current Region compared with that of Southern Saskatchewan. The numbers are quite low. The whole of Saskatchewan has not been used since the conditions in the north are quite different from the southern area.

DIRECTOR OF REGIONAL SUPPORT SERVICES

- A.W. Tkatchuk

I respectfully submit my annual overview regarding the major activities in relationship to the Regional Board, Community Health, and district offices along with special projects and assignments which I was involved with in the past year.

SERVICES TO THE BOARD

The past year has been very active in relation to board activities. There were the regular four board meetings dealing with regional administration along with the annual meeting. The Swift Current Health Region Board was in receipt of eight (8) Everyone Wins grant applications, totalling a grant amount of $6,200. I worked closely with organizations in the grant approval to ensure the lifestyle event was a success. I would like to thank the Board Chairman Mr. Andy Lockhart, and all board members for their cooperative spirit shown in the past year in working with me in the management and administration of the Community Grant Programme. I hope that the greater visibility gained through media releases reflecting the board's role in the Community Grant Programme will generate greater interest in this initiative in the coming year.

COMMUNITY HEALTH REGIONAL AND DISTRICT OFFICE ACTIVITIES

This was a very active year with many administrative changes being implemented under direction of the Executive Director, Jane Knox. The region took on greater responsibilities for managing local budget and providing fiscal forecasting in the region on a monthly basis. The region was required to take strict cost control measures in managing all expenditure codes, and, more specifically, travel and sustenance accounts. I would like to thank all staff members for their cooperation in the budget preparation and the administration of expenditures through the current year in order that we could achieve our financial expenditure targets.

In 1991, regional computers were received and with this technology, the greatest majority of the regional programmes benefited by developing improved and more efficient work routines in managing their programmes and recording statistics. The computer technology is in its "infant" stage and many programme staff were given training in the basic use of the computer as well as training programmes facilitated for staff in software programs such as WordPerfect and Excel. The region looks forward to the coming year as additional computer purchases have been budgeted for acquisition.

Capital equipment was purchased for the health region in the form of new fridges in district offices, audio-visual and testing equipment, play therapy equipment, S.L.P. Stuttering Counter, tape

recorder and projection equipment. In addition, a larger photocopier unit was installed in the regional office and greater accessibility to photocopying was facilitated in the districts.

Space and accommodation needs were addressed in region/district offices and C.H.C.'s. The cooperation and support of the board members given to correct shortfalls in safety and cleanliness concerns was appreciated. Plans for renovation for the regional office were tabled in the current year and presently remain on hold.

I wish to thank the Regional Director and fellow Community Health staff for their support and cooperation I received in the past year. In particular, the extraordinary effort shown by the clerical staff who gave of themselves fully to assist all programmes in meeting their communication and clerical requirements.

SPECIAL PROJECTS

- Acted as a facilitator for Consensus Saskatchewan. A large part of my time in May and June was devoted to facilitating public meetings in Rural Saskatchewan in addition to my regular responsibilities.
- Member of Work Simplification Study Group addressing, streamlining and staffing procedures and appeal procedures.

FUTURE OBJECTIVES

- To work with staff members in expanding the computerization and taking full advantage of technology for programme delivery in the health region.
- To address regional space needs.
- To support the board in administering the "Everyone Wins" Community Grant Programme.
- Work Place Wellness Programme to be jointly sponsored with Serving People First Committee.

I found 1990-91 challenging and realized a great degree of job satisfaction in achieving many regional objectives. I also look forward to 1991-92 with anticipation of a greater and more positive awareness of the role that Community Health plays in health prevention initiatives in the community. I pledge my support to the success of the Health Region initiatives in the coming year. I look forward to the challenges of the coming year and pledge my commitment to the region in working toward future goals.

Respectfully submitted,

A.W. Tkatchuk
Director of Regional Support Services

PUBLIC HEALTH NURSING PROGRAM

- Donna Robinson

In 1990 the staff changes were as follows:

In the Maple Creek office, Jennifer Heinrichs of Swift Current provided part time coverage to the vacant position.

In the Swift Current office, Donna Klaassen and Maria Krammer began in September 4. Esther Sigurdson from the Moose Jaw Health Region continues to provide service.

In January of 91, all nursing staff were orientated to a revised Lice Protocol. This public awareness/education program has now been shared with our Board members, Directors of Education and the Principals. Classroom presentation will begin in the fall.

The Postpartum Parent Support Program has been established throughout the entire region since January, 1991. All hospitals who deliver five or more infants a year, have joined our Public Health Nurses in providing consistent patient teaching in using the National Health and Welfare packages.

Four public health nurses are now trained facilitators in the positive parenting program called "Nobody's Perfect". A very close liaison with sponsoring community groups is developing through the delivery of this program.

I would like to thank all the public health nurses for their continued excellence in quality care and their constant activity in our team approach with the Health Region disciplines. Although our support staff are always under difficult deadlines and staff shortages, they continue to provide coverage.

Respectfully submitted,

Donna Robinson

Donna Robinson
Acting Regional Nursing Supervisor

PUBLIC HEALTH NURSING STATISTICS

	89/90	90/91
Total Number of Nursing Days	1915	1746
Total Number of Home Visits	848	688
Total Number of Postnatal Home Visits	266	283
Total Number of Infant/Preschool Appointments in Child Health Conference	4069	5003
Total Number of Mothers	107	167
Fathers at Prenatal Classes	99	149
Total Number of Prenatal Home Visits	55	27
Births	503	576
Total Number of Students Seen re Health Counselling	654	715
Total Number of Students Immunized at:		
Age 14 (Boosters for Td and OPV)	811	963
Age 11 (Girls for MMR)	91	27
Total Number of Pregnant Adolescent Referrals Received and Followed	8	8

PUBLIC HEALTH INSPECTION

- John Bower

The following are highlights of the 1990/91 fiscal year under a few general headings:

STAFF

There were no changes in the inspection personnel this year which has been a welcome thing. I am very happy with the staff that I have as I believe they are as interested, dedicated and conscientious a group as can be found in this province.

The biggest change has been in the Senior's job in that as of November 1, 1990, I have been responsible for the Swift Current Health Region alone. Twinning was a challenging job and could be very frustrating, but I quite enjoy just having one region to look after. I also find that I can do a more thorough job of what I am responsible for, rather than having to hurry through things all the time.

PROBLEMS

The most serious problem that we encountered last year was a food poisoning investigation involving approximately 450 guests at two weddings in August of 1990. Due to time lag between the incident and first report (approximately one week) it was impossible to find food samples. In addition, the sheer number of people involved made the investigation difficult. While we did not receive a definite lab diagnosis, we did identify questionable food handling practices that led to the problem.

Inspectors are becoming more involved in indoor air quality problems. These range from carbon monoxide in arenas (due to faulty ice resurfacing practices, lack of ventilation, etc.) to the presence of products of combustion in houses. Staff have investigated complaints about school air quality and problems at places of work. While we are not experts, we can often offer common sense solutions to problems or put people in touch with agencies that can help.

After receiving complaints about poor bacteriological quality in municipal water systems, the inspectors found several instances of cross-connections between private and municipal water systems. Cross connections occur when a potable system (municipal) is connected to a non-potable system (eg: private well, dugout, etc.)resulting in potential syphoning of contaminated water into the safe treated municipal system. Communities and health officials are becoming more aware of the serious problems associated with cross connections and are preparing their responses accordingly.

PROGRESS

Mat Green took a very active role in helping to develop a Disaster Response Plan for our region. This has been a time-consuming process and Mat deserves a lot of credit for spearheading the project. Municipalities, both urban and rural, are being asked to develop their own plans and we should be able to offer assistance in this area.

Robin Galbraith was chairperson of a committee that redesigned our inspection forms. The forms address Critical Hazards (those that need immediate correction) and General Hazards (those that should be corrected in a given period of time). This was the first redesign of forms and it involved a lot of work. Inspectors are now better able to rate facilities and pinpoint those that have serious problems in food handling practices.

Our new computerized inspection information system is now up and running. We are able to access and update records in our office as opposed to waiting for returns from Regina. More data is collected, recorded and reported on and we hope to more effectively plan our inspection schedules and priorities.

Because of problems with our old information system - no reports from April 1 to August 30/90 - the Statistical Report will only cover the period September 1/90 to March 30/91. Because of the fact that five months of inspections are omitted, the figures will not be an accurate reflection of the work done but I felt it would be inappropriate to manually tabulate five months of inputs.

PUBLIC EDUCATION

Level I Pool Operation Course - May/90 - Swift Current - 27 people

Food Handler Training

Month	# of People	Location
April/90	15	Shaunavon
May	18	Swift Current
	15	Maple Creek
	19	Swift Current
September	28	Swift Current
October	16	Maple Creek
	14	Swift Current
November	13	Shaunavon
	15	Swift Current
	18	Swift Current
December	14	Abbey
January/91	20	Swift Current
	18	Shaunavon
February	7	Maple Creek
	23	Swift Current
	9	Sinnie
	262 People	

Respectfully submitted,

John Bauer
Senior Public Health Inspector

PUBLIC HEALTH INSPECTION STATISTICS - 1990-91

SEPTEMBER 1, 1990 - MARCH 31, 1991

Program Area	Number of Facilities	1989/90 % Time Spent	1990/91 % Time Spent
Eating Establishment	248	12	11.2
Food Distribution	80	2	2.3
Food Processing	46	3	1.9
Liquor Outlets	50	1	1.3
Institutions/Housing	98	4	3.4
Accommodations	113	5	1.9
Swimming Pools	35	3	1.6
Recreation Facilities	64	3	1.1
Industrial/Agricultural			0.5
Personal Services	54		0.3
Communal Sewage			0.5
Private Sewage			1.3
Solid Waste			0.5
Plumbing		6	4.2
Communal Water			0.8
Public Water	48	3	1.2
Private Water			2.4
Sample Collection			0.3
Complaint Investigation		1.5	2.2
Other			0.2
Public Education			9.4
Projects			4.7
Disease Investigation		1.5	1.8
Travel			11.9
Staff Development			6.2
Meetings			6.6
General Administration			20.3

SPEECH-LANGUAGE PATHOLOGIST

- Isabelle Roth

The mandate of the program is to provide speech and language services to preschool children and adults. Priority of service is given to the preschool population. Activities include: the diagnosis and treatment of communication disorders, public education regarding communication disorders and professional development to enhance the quality of service provided to the public. Communication disorders can be difficulties with understanding or using language, sound production problems, voice difficulties (i.e. hoarseness, nasality) and fluency disorders (i.e. stuttering).

The major focus of the program continues to be the assessment and treatment of communication disorders. Each client receives an assessment to determine if and what type of communication disorder exists. If a disorder exists, treatment is provided either through direct therapy or a home program designed by the Speech-Language Pathologist and implemented by a family member or caregiver. Clients who are placed on a home program have their communication skills re-evaluated at regular intervals. Both direct therapy and home programs emphasize the need for family participation in the development of the client's communication skills. Regular clinics are held in Swift Current, Maple Creek and Shaunavon.

In the past year, there has been an increase in the amount of time spent in public education activities. Two presentations were made to classes at the Cypress Hills Regional College on the services provided by a Speech-Language Pathologist and the type of disorders dealt with. General information regarding the speech-language pathology program was shared through a television interview. A presentation was given to the Swift Current District Coordinating Care Committee on the services provided to adults. The Shaunavon Health Fair was an opportunity to display the materials used to assess and treat communication disorders.

Professional development activities have included participation in computer courses, taking advantage of the new technology in the office. A family counselling workshop given by George Enns, Social Worker from Child and Youth Services in Saskatoon, was also attended.

In summary, 1990-91 has been a busy year for the speech-language pathology program. It is hoped that 1991-92 will be as productive.

Respectfully submitted,

Isabelle Roth

Isabelle Roth, M.S.
Speech-Language Pathologist

SPEECH-LANGUAGE PATHOLOGY PROGRAM STATISTICS - 1990-91

DISTRIBUTION OF TIME	1989-1990	1990-1991
Casework	63.8%	67.9%
Public Education	1.3%	3.9%
Professional Development	11.3%	2.8%
Administration	15.0%	16.4%
Travel	9.1%	9.0%

SOURCE OF REFERRALS	1989-1990	1990-1991
Public Health Nurses	43.9%	53.0%
Physicians	8.5%	17.0%
Parents	10.0%	11.0%
Early Childhood Psychologist	2.3%	3.0%
Saskatchewan Hearing Aid Plan	1.5%	1.0%
Other	33.8%	15.0%
Total Number of Referrals	130	100

TYPES OF COMMUNICATION DISORDERS DIAGNOSED	
Articulation	43.7%
Language	36.6%
Voice	1.4%
Fluency	4.2%
Associated Conditions	5.6%
Normal	8.5%
Total Number of Clients Assessed	71

PUBLIC HEALTH NUTRITIONIST

- Laurie A. Wadsworth

The Nutrition Programme assesses the nutritional needs of the health region. To meet these needs, programs for community groups, professionals and the public are planned, implemented, evaluated and administered by the Public Health Nutritionist. Program delivery occurs by provision of technical and policy consultation and inservice for professionals, consultation and education programs for community groups and individuals, resource development and work with the media.

During the 1990-91 fiscal year, the Public Health Nutritionist carried responsibility for the Nutrition Program in two health regions -- Swift Current and Moose Jaw - Assiniboia - Gravelbourg.

"Eat Smart for Your Heart", the heart healthy eating program, continued to be in great demand. Public concern over blood cholesterol levels has remained high. The two-part workshop deals with practical methods for reducing fat intake to decrease risk of developing heart disease. Two such workshops were held during 1990-91. From the workshop evaluations, 2/3 of participants felt better equipped - to a great extent - to reduce their risk of heart disease through food choices. All participants felt they would recommend the workshop to a friend. As a follow-up to the workshop, a quarterly newsletter was sent to participants. An evaluation of this newsletter is planned for the coming year.

Healthy food choices begin at the grocery store. For this reason grocery store tours started during the 1990-91 year. Most tours centered on heart healthy food choices. Learning to understand food labels was a favourite part of the tour for most participants. Modified tours dealt with low-cost food choices and appropriate foods for children and seniors. Such tours resulted from community group requests. The tours will be adapted for other groups, as needed.

The Heart and Stroke Foundation of Saskatchewan provided Public Health Nutritionists with copies of the new Canadian video "Shopping Heart Smart". It contains information to help viewers make lower fat and higher fibre food choices when shopping. This video is expected to be a valuable educational tool for rural groups unable to tour a mid- to large-sized grocery store.

The Heart and Stroke Foundation of Saskatchewan also provided Public Health Nutritionists with a copy of the "Lighthearted Living" series. This series of thirteen 20 - 30 minute segments was produced by Prince Albert TeleCable and features the Public Health Nutritionist from the Prince Albert Health Region. These will be valuable additions to the nutrition education resource library. Plans to air this series on a local cable channel were completed. The series will be aired during the coming year.

Prenatal Lifestyle Assessment began in the fall of 1990. The project allows for individual assessment of prenatal clients to identify those at increased risk. Clients receive a personalized letter from the Public Health Nutritionist outlining the results of their assessment. As well, Public Health Nurses are made aware of any possible problem areas.

A new publication, the Prenatal Weight Record card, was implemented during the past year. This teaching tool allows prenatal clients to determine an adequate weight gain range and record their weight gain progress.

The Public Health Nutritionist acted as Nutrition Advisor for the Project Team of the Postpartum Parent Support Program. The cooperation between acute care facilities and Community Health Prevention Services should improve service delivery to postnatal clients through use of consistent educational messages. Consultation for this program will continue during the coming year.

A nutrition display at the Shaunavon Health Fair titled "Fat in Food" dealt with the amount of fat in different foods. The visual display of teaspoons of fat per serving was well received by the public. Approximately 1,700 people visited the one-day fair. This included 730 school students. The Public Health Nutritionist coordinated the six Community Health displays for the Health Fair. This Everyone Wins Grant Project presented an excellent opportunity to increase the profile of services offered.

In the past, local Nutrition Program evaluation has assisted with program planning and modification. A formal evaluation of the Nutrition Program on a province-wide basis would yield valuable information, also. Towards this end, the Public Health Nutritionist worked with the Provincial Nutritionist to devise an evaluation schedule. Information to be collected was determined and appropriate forms were designed. This evaluation began in the fall of 1990 and will continue throughout 1991. As well, the monthly statistical reporting form was revised and piloted.

As part of a continuing commitment to professional education, a dietetic intern from Regina General Hospital was provided with a one-week Public Health Nutrition experience.

Print media served as an ideal platform for addressing a number of current nutrition concerns. Bi-weekly newspaper columns were provided for several regional papers. This was changed to weekly columns at the beginning of 1991. Review of the pick-up rate will be conducted as part of the Nutrition Program evaluation in the coming year

Consultative services were in demand throughout the year. The majority of requests were received from Public Health Nurses, with several from other Public Health Nutritionists, the Dental Health Educator, hospital dietitians, mental health workers, Home Care, seniors groups and school teachers. Professional inservice was

provided for Public Health Nurses, Public Health Nutritionists, Dental Assistants and hospital nursing personnel. Presentations to 15 community groups reached 218 individuals. Demand for nutrition services resulted in provision of professional consultation, resources, assessments and counselling for 381 individuals, agencies and special groups.

With the expected change in shared regional responsibilities will come a more proactive Nutrition Program for both health regions concerned.

Respectfully submitted,

Laurie A. Wadsworth, M.Sc.
Public Health Nutritionist

NUTRITION PROGRAM STATISTICS - 1990-91

	89/90	90/91
Nutrition Education & Inservice		
Number of groups addressed - Professional	8	5
- Attendance	121	152
- Public	13	15
- Attendance	228	218
Public Health Nurses' Newsletter	9	11
Orientation		
Number of sessions	5	4
- Attendance	5	5
Number of Dietetic Interns	-	1
- Duration of Experience	-	1 week
Media & Nutrition Promotion		
Newspaper		
Columns researched & written	5	7
Columns edited	31	37
Columns sent to newspapers	36	39
Media interviews	3	
Displays	4	4
Resource development	4	9
Resource review	24	9
Resource revision/editing	17	6
Professional Consultation/Technical Support		
Health professionals	200	165
Educators & students	5	19
Lay public	159	57
Individual Client Concerns		
Consultations	20	16
Screened/Assessed	2	75
Counselled	24	19

Special Projects 1990-91

Nutrition Program Evaluation - Planning Group
Monthly Statistics Reporting Form - Revision Group

DENTAL HEALTH EDUCATOR

- Loretta Fuller

During the 1990-91 year, the Dental Health Education Program continued to promote an increased awareness for the necessity of good dental health to all ages. This was accomplished through the following program areas:

SCHOOL PRESENTATIONS

Classroom presentations to the kindergarten through grade six students remain the emphasis of the program. Each grade level receives a lesson on a specific topic which will enhance their dental knowledge and skill levels. Subjects covered this year included: dental protection in sports, dental protection in everyday life, visiting the dental office, the development and function of teeth, the necessity of personal responsibility in home dental practices, nutrition and its relation to good oral health, and the role of plaque in the destruction of healthy tooth and gum tissue. Each class also receives a demonstration on either brushing or flossing techniques.

These presentations continue to be well accepted by the students and school staff. The effectiveness of the school visits has become evident as the students' overall skills in brushing and flossing has dramatically increased from year to year.

PRESCHOOL PRESENTATIONS

An increased number of preschools were visited this year. The main reason for these visits and presentations is to introduce the concept of dental health to children at a young age. A kit is left at each facility for approximately two weeks. The caregiver will use the contents of the kit to reinforce the message given by the Dental Health Educator. The kit is becoming very popular, and all facilitators are responding favourably.

COMMUNITY PRESENTATIONS

As it is our mandate to reach all individuals within our communities, it was encouraging to be asked to speak to a few community groups this past year. One of the Dental Health Education goals for 1991-92, within this region, will be to seek further opportunities to address the community at large.

DISPLAYS

Several displays were participated in this past year. These included: The Shaunavon Health Fair, Dental Protection/A Coaching Seminar, Career Days, and Dental Health Month Displays. Each one provided the opportunity to reach more of the adult population.

FLUORIDE MOUTHRINSE PROGRAM

Eight schools within this region are continuing with the fluoride mouthrinse program. Similar programs have shown a reduction in the decay rate by 20 - 50%. Most schools have remained enthusiastic. The school at Consul, however, has discontinued the program.

PROFESSIONAL DEVELOPMENT

As the rate of technology continues to accelerate, the need for professional development grows. Remaining current in the field of dental progress itself has been a challenge. The addition of a computer to the office required another area of technology to become familiar with. This has been attempted through inservice, courses, and the reading of journals and texts.

PREPARATION TIME

The targeting of all ages and all areas of dental care requires a wide variety of educational materials. Due to the high cost in purchasing visual aids, every effort is made to create these materials within the office. This is a necessary but time consuming task, which is accomplished mainly during school breaks.

In conclusion, 1990-91 has been both challenging and rewarding, as the message of 'Dental Health for All' was extended to all communities within the region.

Respectfully submitted,

Loretta Fuller

Loretta Fuller
Dental Health Educator

DENTAL HEALTH EDUCATION STATISTICS - 1990-91

	1989-90	1990-91
Number of Schools Visited	61	72
Number of Presentations	287	354
Number of Children Seen	5,362	5,987

Distribution of Time

Presentations	21%	20%
Preparation Time & Scheduling	15%	13%
Travel	12%	15%
Professional Development	10%	9.5%
Conferences & Meetings	9%	9%
Consultations	5%	5%
Fluoride Mouthrinse Program	5%	2%
Media Contacts	---	.5%
Evaluations	---	2%
Preschool Kit	3%	1%
Administration	20%	12%
Clerical Work	---	8%
Displays	---	3%